

<b>Case Number:</b>	CM15-0083116		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	09/07/1998
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old male who sustained an industrial injury on 09/07/1998. The injured worker was diagnosed with discogenic lumbar spine with radicular components to the left lower extremity, left hip joint inflammation, weight gain, sleep, stress and depression secondary to chronic pain. The injured worker has a medical history of diabetes mellitus. Treatment to date includes diagnostic testing, back brace, hot/cold wrap, H-wave unit, 4 lead transcutaneous electrical nerve stimulation (TEN's) unit, gym membership for 6 months and medications. According to the primary treating physician's progress report on April 2, 2015, the injured worker continues to experience low back pain with radiation to the bilateral lower extremities and a recent flare-upper (February 2015). Examination demonstrated weakness to the left quadriceps and left foot extension. Internal rotation of the knee and flexion caused pain along the groin. Lumbar flexion and extension were decreased. The injured worker has an antalgic gait and ambulates with a cane. Current medications are listed as Norco, Flexeril, Neurontin, Naproxen, Trazodone and Protonix. Treatment plan consists of a 10 panel urine drug screening, laboratory blood work, prescribed medications; continue with transcutaneous electrical nerve stimulation (TEN's) unit and the current request for a conductive garment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Conductive Garment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: Durable and can withstand repeated use. Used for a medical reason-not usually useful to someone who isn't sick or injured. Appropriate to be used in your home. While conductive garment does appear to meet criteria as durable medical equipment, the medical notes do not establish benefit from ongoing usage of a TENs unit. The treating physician how the garment will be used and beneficial for the patient. As such, the request for conductive garment is not medically necessary.